



ZONING BOARD OF APPEALS
TOWN OF WEST HARTFORD
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107-2431
TEL: (860) 561-7555 FAX: (860) 561-7504
www.westhartfordct.gov

Petition # 02-20
Fee \$ 430.00

ZONING APPLICATION FOR: (check one of the following)

☐ VARIANCE

☒ SPECIAL EXCEPTION

☐ APPEAL RULING OF ZONING
ENFORCEMENT OFFICER

☐ MOTOR VEHICLE DEALER/
REPAIRER LOCATION APPROVAL

LOCATION OF PROPERTY 7 Chestnut Hill Rd, West Hartford, CT
TUNKIS R-10 06107
(NEAREST CROSS STREET) (LOT #) (ZONING DISTRICT)

APPLICANT Leonard Suchotliff, PhD - 7 Chestnut Hill Rd, West Hartford
(NAME) (ADDRESS) 06107

860-216-6652
(TELEPHONE #)

Suchotliff@Comcast.net
(EMAIL)

APPLICANT'S INTEREST IN PROPERTY Private Practice of Psychology

RECORD OWNER OF PROPERTY husband of owner
(Name) (Address)

DATE OF PROPERTY ACQUIRED BY PRESENT OWNER October 2006

DESCRIBE YOUR APPLICATION: Include applicable sections of the Zoning Ordinance. For applications for a VARIANCE, state legal hardship. Attach second sheet, if necessary. This application must be accompanied by the required fee, site plan(s), and any other information required by the Zoning Ordinance, or Rules of the Board.

77-05 Request for special Exception in order
to operate a Psychologist's office as an accessory
use to residence per section 77-49c (R 10 Zone)

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Board and Staff inspections of the site. Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)

Arlene Suchotliff 1/6/2020
SIGNATURE OF PROPERTY OWNER & DATE
(Also print or type clearly)

ARLENE SUCHOTLIFF

Leonard Suchotliff 01/06/2020
SIGNATURE OF APPLICANT & DATE
(Also print or type clearly)

LEONARD SUCHOTLIFF

WEST HARTFORD ZONING BOARD OF APPEALS

SPECIAL EXCEPTION (177-49)

INFORMATION SHEET

LOCATION: 7 Chestnut Hill Rd, West Hartford, CT 06107

APPLICANT: Leonard Suchotliff, PhD

TYPE OF SPECIAL EXCEPTION: Private Practice of Psychology

PROPOSED HOURS OF BUSINESS:

WEEKDAY HOURS: 10:00 - 4:00

EVENING HOURS: None

WEEKEND HOURS: None

NUMBER OF PARKING SPACES: 3

NUMBER OF EMPLOYEES: 0

LOCATION OF OFFICE AREA FOR BUSINESS OFFICE: _____

lower level of home - entrance separate from home entrance

NUMBER OF CLIENTS PER DAY: 3-5 - 3 days per week

ADDITIONAL INFORMATION: 240 sq ft of home - total
size is 2400 sq feet



Town of West Hartford – Department of Community Development
Planning & Zoning Division
50 South Main Street, Room 214, West Hartford, CT 06107
P: (860) 561-7555 www.westhartfordct.gov

**TOWN OF WEST HARTFORD
PUBLIC HEARING**

TOWN COUNCIL _____
TOWN PLAN AND ZONING _____
INLAND WETLANDS & WATERCOURSES _____
ZONING BOARD OF APPEALS X

PUBLIC HEARING DATE 1/22/20

PROPERTY ADDRESS OF APPLICATION 7 CYPRESS HILL ROAD

This acknowledges receipt of a sign purchased in the Town Planner's Office for a public hearing to be held on the above date and concerning the above location.

In accordance with the West Hartford Zoning Ordinance, effective September 9, 1968, as amended, and the administrative procedures of the Inland Wetlands and Watercourses Agency, I shall post this sign on the property in question continuously for seven (7) days previous to the above hearing date in a conspicuous place that is both perpendicular to and visible from the public street.

I will submit an affidavit at the public hearing stating that said sign has been continuously posted as required by the Zoning Ordinance; otherwise said hearing on this location will be illegal. The sign will be removed from the property no later than three (3) days after the public hearing.

1
**Number of Signs
Received**

20.00
Dollar Amount Paid

1/6/20
**Date Sign Was
Received**

Ardenee Suchetup
Signature of Applicant
860-216-6652
Applicant's Telephone #

EMPLOYER'S COPY

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

NAME
LEONARD C. SUCHOTLIFF PHD

VALIDATION NO. 03-731127	LICENSE NO. 000394	CURRENT THROUGH 03/31/20
PROFESSION PSYCHOLOGIST		

SIGNATURE _____ *Raymond* _____
COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

NAME
LEONARD C. SUCHOTLIFF PHD

VALIDATION NO. 03-731127	LICENSE NO. 000394	CURRENT THROUGH 03/31/20
PROFESSION PSYCHOLOGIST		

SIGNATURE _____ *Raymond* _____
COMMISSIONER